ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

St. Vincent Carmel Hospital

City: Carmel   County: Hamilton   Year: **2003**

Provider Type: General Acute

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	$0
Cardiac Intensive	0	0	0	$0
ICU Med/Surg	10	120	2,400	$23,940
ICU Neonatal	10	40	120	$15,406
ICU Pediatric	0	0	0	$0
Medical/Surgical	61	3,583	12,027	$2,475
Neonatal Intermed	0	0	0	$0
Obstetrics	22	1,884	4,200	$2,229
Pediatric	0	0	0	$0

Psychiatric	0	0	0	$0
Rehabilitation	0	0	0	$0
Substance Abuse	0	0	0	$0
Swing Beds	NA	0	0	$0
Other Services	0	0	0	NA
Acute Subtotal	103	5,627	18,777	NA
Normal Newborn	22	1,380	3,166	$1,147

II. Outpatient Visits			
Circulatory System	916	Digestive System	3,639
Endocrine System	857	Injuries and Poison	7,366
Mental Disorder	297	Musculoskeletal	5,601
Neoplasms	1,215	Nervous	2,487
Respiratory	2,685	Urinary	1,983
Other/Unknown	12,980	Total Visits	40,026
Number of Visits to Emergency Department			17,481
Percent of Emergency Department Visits of Total Visits			43.7%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

Y - Acute Renal Dialysis	N - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractric Service
N - Coronary Care Unit	Y - Dental Services	Y - Dietetic Services
Y - Emergency Service	N - Home Care Program	N - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	N - Long Term Care Unit	Y - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	N - Open Heart Surgery	Y - Operating Room
N - Optometric Service	N - Organ Bank	N - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	N - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
N - Psychiatric Services	Y - Radiology(Diagnostic)	N - Radiology(Therapeutic)
N - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported